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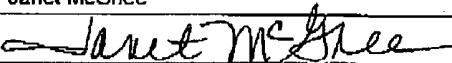
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REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL <small>Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</small>		Application Number 09/845,514
		Filing Date April 30, 2001
		First Named Inventor Aoki
		Group Art Unit 1645
		Examiner Name Ford, V.L.
		Attorney Docket No. D2929-CON

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114	
a.	<input type="checkbox"/> Previously submitted i. <input type="checkbox"/> Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____ <small>(Any unentered amendment(s) referred to above will be entered).</small> ii. <input type="checkbox"/> Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____ iii. <input type="checkbox"/> Other _____
b.	<input checked="" type="checkbox"/> Enclosed i. <input checked="" type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement (IDS) iv. <input type="checkbox"/> Other _____
2. Miscellaneous	
a.	<input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(l) required)
b.	<input type="checkbox"/> Other _____
3. Fees	
a.	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 01-0885 i. <input checked="" type="checkbox"/> RCE fee required under 37 CFR 1.17(e) ii. <input checked="" type="checkbox"/> Extension of time fee (37 CFR 1.136 and 1.17) iii. <input type="checkbox"/> Other _____
b.	<input type="checkbox"/> Check in the amount of \$ _____ enclosed
c.	<input type="checkbox"/> Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	Frank J. Uxa	Registration No. (Attorney/Agent)	25,612
Signature			
Date	May 17, 2004		

CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on: <u>May 17, 2004</u>			
Name (Print/Type)	Janet McGhee	Date	May 17, 2004
Signature			

Appl. No. 09/845,514
Reply to Office Action of January 15, 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/845,514 Confirmation No.
Applicant : Aoki et al.
Filed : April 30, 2001
Title : MULTIPLE BOTULINUM TOXINS FOR TREATING
NEUROMUSCULAR DISORDERS AND CONDITIONS

TC/A.U. : 1600/1645
Examiner : Ford, V.L.

Docket No. : D-2929 CON
Customer No. : 33197

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I hereby certify that this correspondence is being
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Alexandria, VA 22313-1450, to fax number 703-872-
9306, on the date indicated below.

May 17 2004
Saret M. McRae

AMENDMENT

Sir:

In response to the Final Office Action of January 15, 2004
and the Advisory Action of April 16, 2004, please amend the
above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims
which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.